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FOREIGN CORRESPONDENCE—LETTER FROM PARIS.

[Continued from page 221.]

In the Journal of November 30, 1853, I gave the substance of some remarks made by M. Claude Bernard, at the College of France, upon gaseous absorption. I resume the subject to-day.

III. *Upon the exhalation of carbonic acid in the lungs and the different parts of the body; and organization of the pulmonary membrane.* The venous blood yields carbonic acid gas, and it is exhaled at the same time that oxygen is absorbed. Carbonic acid is not, as has been said, the result of the immediate contact of oxygen with the blood in the act of respiration. The oxygen, being introduced into the blood, displaces only the carbonic acid. The proof that the latter is not formed by the contact of oxygen, is, that if you put some frogs into a glass containing hydrogen, you will find, notwithstanding this, some carbonic acid.

Diverse theories have been imagined concerning the mode of exhalation of carbonic acid. Here is one wholly *physical*: carbonic acid, also oxygen, circulating with the blood, and being submitted to a pressure that can be measured by a *manomètre*, it has been said, disengages itself, when the pressure is small, like a bottle of Seltzer water. But if this was so, we ought, in bloodletting, to see carbonic acid exhale, as in the lungs. This does not take place, but it ought inevitably to happen, whenever the blood is found to be abstracted at its normal pressure.

Following several physiologists, this displacement of carbonic acid is produced under the *influence of an acid*. MM. Mitscherlich, Tiedemann and Gmelin believed that it was owing to *acetic acid*. We know that MM. Verdeil and Robin have discovered in the lungs a particular acid which they call *acide pneumatique*, and to which they have attributed the virtue of decomposing carbonic acid; this acid could be secreted by the pulmonary vesicles. M. Bernard established, in 1847, that the lungs *enjoyed some properties analogous to those of acids*. Having taken some cyanuret of mercury, and having injected it into the blood of an artery of one of the members, he saw that it traversed the capillaries and returned by the veins, without exhaling any odor; but if the same salt penetrated by the pulmonary artery, the animal was taken with symptoms of poisoning, and the respiration gave out an odor of hydrocyanic acid.

Although the existence of a pulmonic acid may be incompatible with the *alcalinité* of the blood, yet this experiment proves evidently that a decomposition takes place in the lungs. M. Bernard has established also that in putting a small piece of a lung into cyanuret of mercury, there results a similar decomposition, which indicates that there exists not a vital property, but a property of tissue.

These theories, however, are not necessary to explain the phenomenon in question, for we must seek the cause in the properties of the blood. The blood contains all the gases of the atmosphere; it can absorb them in considerable quantity, but it can disengage them only in given conditions; if we take blood and put it under a pneumatic machine, we should not obtain any disengagement. Oxygen is not disengaged even. This result, on the contrary, will be obtained through the medium of the air. In the lungs, carbonic acid is disengaged by the simple mechanism of displacement; one gas escapes, and another enters. If in the blood, which contains some oxygen, some azote, and some carbonic acid, we make a current of hydrogen pass, it will cause the exhalation of the other gases. It is thus that Magnus withdrew these gases from the blood. The same thing takes place in the economy. Everywhere there is an exchange and displacement of gas, the one for the other.

This exposition will be completely demonstrated by the following experiments, without the intervention of pressure or an acid. Some oxygen gas is introduced under the skin of a rabbit; at the end of a certain time, it is diminished in quantity and is mixed with other gases; we find, then, a composition analogous to that of air expired by the lungs. Some atmospheric air having been introduced, we find, after twenty-four hours, that it contains 4-5 per cent. carbonic acid, and the air expired by the lungs is still more charged with this acid. Some pure hydrogen is also put under the skin of a rabbit—and in a short time, it offers four per cent. of carbonic acid; the hydrogen is in fact absorbed.

These last experiments show that in the cellular tissue, by the contact of blood, there passes some phenomena analogous to those of respiration. The same phenomena are produced in the pleura and peritoneum. However, all the parts of the body are not equally adapted to the absorption and exhalation of the gases; this depends upon the quality of the blood, which varies in the different organs, by reason of the matters that they withdraw from this liquid in order to exercise their proper functions. In birds there exist some *sacs acriens*, which are extended into the bones, and in the serous membranes of the chest and abdomen. One can establish equally there an absorption of oxygen and an exhalation of carbonic acid. These dispositions not only favor lightness, but they are aids in the respiration.

Carbonic acid is also exhaled by the skin.—Whatever may be the quantity of oxygen which is absorbed by this same surface, in general, we know that it is very notable in several reptiles, and always in the frog, where exists, to this effect, a special organization. The pulmonary artery offers two large divisions, one of which is directed near the head, and then

turns back and supplies that part of the skin which is the seat of this absorption.

Numerous researches have been made upon the exhalation of carbonic acid by the skin. Abernethy placed his arm in a bell-glass filled with atmospheric air. At the end of five hours 1.6 of the oxygen disappeared, and there was a greater quantity of carbonic acid. Having immediately afterwards plunged his arm into lime-water, he discovered there some bubbles of carbonic acid. The lime-water was agitated.

But some experiments more complete have been undertaken by Gerlach, of Berlin, upon man, horses and dogs. He maintained a certain quantity of air in contact with the skin, by means of a cupping glass that was made adherent by wax; at the top was a stop-cock to permit the air to pass out for analyzation. In twenty-four hours, 1.99 centimètres cubes of carbonic acid were exhaled by the skin, and 0.86 of oxygen were absorbed. The quantity of oxygen which disappeared was found relatively small to the exhalation of carbonic acid, which is the reverse in the lungs. Such facts go to show the quantity of carbonic acid exhaled by the skin. We can conclude that it would be immense, from the great extent of surface. According to the calculation of this same physiologist, in twenty-four hours a man would have exhaled, in one experiment, 4.288 centimètres cubes of carbonic acid. In a second experiment, 9.773. A horse, in a state of repose, 9.288; after having been exercised by running, 42.192.

We see that, during abstinence, animals absorb relatively a greater quantity of oxygen. It is probable, then, that this gas is kept in some manner in reserve, to return again during the performance of the functions, under the form of carbonic acid; as we know, in fact, that a greater quantity of this gas is disengaged, when the muscles are in action.

Some have wished to explain, from these results, how it is that death may be produced in animals when the exhalation of the skin is destroyed. To produce this effect, the skin must be varnished, or covered with oil, gelatine or *caoutchouc*; as was practised by MM. Fourcault and Magendie, upon dogs and rabbits. These animals fell into a state of coldness from two to three degrees, and even more. M. Robert-Latour has had the idea of employing some impermeable covering, and in particular the collodion, in order to lower the temperature of any part attacked with inflammation. Gerlach pretends, that when the body is completely covered, *death takes place by asphyxia*, because the skin no longer respire. But it is necessary to understand the word asphyxia. In this kind of death, the venous blood becomes no more arterial; whilst in rabbits, submitted by M. Bernard to some experiments, the blood of the arteries remained scarlet, and that of the veins became so also; that is, the arterial blood did not change its nature in traversing the general capillary system. It is then the contrary of what passes in asphyxia of the lungs.

This peculiarity of the *blood remaining red in the veins*, happens also in other conditions. If you cut the thigh of an animal, and leave only the artery and vein, you will see, at the end of a certain time sufficient for the limb to lose its vitality, that the arterial blood becomes no more venous. The blood is altered in consequence of a defective action

of the capillary system ; and which proves that this is owing to the nervous system, for if the divided nerve is galvanized, the blood becomes again black in the vein. Some poisons produce an analogous effect—for example, prussic acid ; after death from which, the blood is everywhere scarlet.

Another way, for carbonic acid to pass out of the economy, is by the excretions. The urine, above all, contains a considerable quantity of carbonates, particularly in rabbits. It can be easily demonstrated by pouring into the urine an acid which produces an effervescence and displaces the carbonic acid.

It was believed for a long time that there was a close connection between absorbed oxygen and expelled carbonic acid. Dulong and Després, after some experiments, thought that it was so ; but some new researches, those of MM. Regnault and Reiset among others, prove that there are frequent oscillations in the proportions of these gases. As the blood absorbs oxygen and exhales carbonic acid, it has been said that it is this which respire ; that all the parts of the body, the skin, even the muscles, contribute to respiration ; that the lungs were only the instrument. But this *instrument* is easily controlled ; for death can be readily determined by closing the trachea. In this connection the Professor cast a *coup d'œil* upon the disposition and organization of the *pulmonary membrane*, where these *veritable respiratory phenomena* take place. This membrane, in limiting and hindering the blood from escaping, is arranged as favorably as possible, from the number of cells that it forms, for the air to be brought in contact with the blood. This contact takes place in vessels extremely fine, through which gas enters and passes out with facility. In the normal state of the blood, these vessels, although very delicate, suffice to retain this liquid ; but if the composition of the blood comes to be altered, the serum escapes or exudes, and the air being thereby prevented in some measure from entering through the membranes, there results a partial asphyxia.

He referred to the *properties* of absorption as being *different in the bronchia* from those in the *pulmonary vesicles*. We know that M. Magendie has sustained, heretofore, that the mucous membrane is arrested at these vesicles, and that there exists in them only the areolar tissue of the lung. Nevertheless, if microscopic study has demonstrated that the mucous membrane penetrates there, it has also shown that we can find there an epithelium with some forms and properties which differ from those of the epithelium of the bronchia.

This *epithelium* is curious to observe in man and in animals. In the pulmonary cells, it is simple and extremely tenacious ; but in the bronchia, as far as the larynx, it is oscillating ; its *cils* are implanted in such a manner as to be put always in motion in a manner proper for the expulsion of any foreign substances, as dust, which can penetrate with the air, or any mucosities which might fall to the bottom of these vesicles and generate hemorrhage. This disposition is easy to recognize in most animals. The frog offers this epithelium in the œsophagus and stomach. The ciliary movements are very rapid, and so vivacious, in man, that we can observe them during several days after death. They are stop-

ped under the influence of chloroform and ether, but resume their functions when the effect of these vapors has passed.

Another property of the bronchial vesicle is to absorb certain *poisons*, such as the *curare*, the venom of the viper, and putrid virus. If we put these poisons into the bladder, mouth or eyes, the mucous membranes are refractory; but it is not so with the membrane which carpets the pulmonary vesicles; for it absorbs their poisonous substance, and acts in these cases, as in the cellular tissue to which M. Magendie has compared it under this point of view. If it permits oxygen to pass, which is useful to life, it leaves at the same time a door always open to noxious matters.

[To be continued.]

SELF-LIMITED DISEASES.

[Concluded from page 235.]

SIXTH—scarlet fever. This disease has become the scourge of America. For the last twenty years it has probably filled more graves than any other single disease, consumption excepted. It is especially the terror of the young, although none are exempt from its attack. On account of its malignity, as well as the varied aspects it presents, it is deserving of particular attention. And,

1st, Is it infectious or contagious? That it is epidemic and endemic, we believe is generally admitted. But is it contagious or infectious? If it be so, why are not whole families of children affected by it, when a part are? Why do a part very generally escape? Why do not nurses and watchers, and all who mingle with the sick, contract the disease? Were it smallpox, they would do so. Why is it, that it often comes into a family of many children, and takes its single victim, and leaves the remainder unscathed? Why does it occasionally come into a village, or town, and cause the death of one or two only, and then disappear? If it were truly an infectious or contagious disease, would not the diseased body be constantly throwing off morbid matter into the surrounding atmosphere, so that all who inhaled it would inhale the disease, as in smallpox? I am aware we are told there are sometimes sporadic cases; but does this answer the question? There may yet be doubts in this regard; and if so, the subject is of sufficient importance to ask further investigation.

2d, The difference of severity in this disease is very remarkable. Perhaps there is none other which presents so great a variety in form and character. We meet with it in all aspects, from simple indisposition up to the most malignant of all diseases; from the child who is about house and eating his meals, to him who is prostrate in death in twenty-four hours from the attack; from the simple inflammatory action of the system, to the most septic and putrid. So diverse are the forms under which this disease presents itself, that no prescription ought ever to be given until the patient has been seen.

3d, The equally great diversity of treatment. In examining the va-

rious authorities on this disease, we are most forcibly impressed with the different modes of treatment which they recommend. Drs. Plencir and Armstrong relied almost entirely upon the lancet and other depleting remedies; Dr. Fothergill upon stimulants; Dr. Currie upon ablutions of cold water. Others recommend a tonic course, using quinine and the mineral acids. Still another class have pursued an alterative and expectant course. All, according to their own showing, have had nearly the same degree of success.

In the last number of Copland's Medical Dictionary, may be found an able article on this disease, in which the author introduces a new pathology, and, to some extent, a new system of treatment. It is ably written, philosophical and scientific in its character, and deserves a candid perusal, and a fair trial. In this connection, you will not deem it egotistical if I say that in my own practice the best success with which I ever met in the treatment of scarlet fever, was soon after I entered the profession, and my principal weapons were the lancet, antimony, calomel and Dover's powder. Now at first sight the different modes of treatment above presented, appear most incongruous. They are the exact antipodes of each other; and bring into requisition for the cure of the same disease, agents whose nature and effects are exact opposites. But they are not more diverse in their nature, than is the disease in its symptoms and appearances at different times, in different localities, under different circumstances, and with different individuals.

If, then, the disease be thus variable, ought not the treatment to be equally so? And while the lancet is loudly called for in the inflammatory stage, may not the tonic and stimulant plan be equally rational when the disease is typhoid and septic in its character? With this view, it is perfectly obvious that the only rational mode of treatment is to meet the symptoms as they present themselves, regardless of any and all preconceived theories. Our faith, however (as above observed), in the efficacy of remedies, always becomes shaken when so great a number and variety are recommended for the cure of the same disease. It is tolerable proof (at least) that the disease is under the control of no known medicinal agent, and is to some extent an *opprobrium medicamentum*.

4th, No class of diseases presents so wide a field for quackery as those termed self-limited, and *especially* the one now under consideration; and this for two reasons. 1st, because they will run their course under the best conceivable treatment; and, 2d, because of the very great diversity of the disease, its symptoms, and consequently the required treatment. And here it may not be out of place to inquire, if we do not sometimes find this, viz., quackery, among the members of the regular profession? Are they not sometimes, for the purpose of pleasing their employers, enlarging their field of business; increasing their popularity, amongst a certain class of pretended theorists; or, from some other motive known to themselves only, willing to play the quack, at the expense of others, and at the sacrifice of principle?

When we are told, sneeringly, and for the purpose of fault-finding, that a certain physician bleeds in scarlet fever, or pursues a course of treatment obviously different from that which we are pursuing, do we

boldly respond, that such a course, under the circumstances, may be entirely proper; or do we rather join with the fault-finder, or tacitly assent to all he says? Shakspeare says there is much virtue in an *if*. So is it here. One single word may put everything right, while its omission leaves everything wrong. Let us deal charitably in all such cases.

But it is the modern empiric who seizes upon all the imperfections of the healing art, and also the credulity of the public mind, and turns them to his own advantage, regardless, alike, of honor and of honesty.

We smile at the charms and amulets practised by empirics upon the credulity of the people in by-gone days. We speak deridingly of the wonderful superstitions which would tolerate such practices. We behold the devotee, travelling, if not to Mecca, at least to the kingly presence, regardless of distance and obstacles, that he may receive the royal touch and be made whole. We see the enthusiastic dupe anointing the bludgeon with which his brother's brains have been concussed, with the expectation of healing the broken head. We behold him smearing the stiletto with which the heart's blood has been drawn, vainly expecting thereby to stay its flow, and heal the fatal stab. And, finally, to cap (if it were possible) the climax of these absurdities, we behold the superannuated paralytic, dragging his *unwieldy* and *palsied* carcass between the points of two wooden, or what amounts to the same thing, metallic tractors, expecting, through them, to revivify the vital powers, and compel the muscles to spring into youthful and vigorous activity. Over all these absurdities, we throw the veil of charity, and find their apology in the superstitions of the times. But, when the quack of 1854, in this civilized, enlightened and religious age, in broad day-light, with the sun of science blazing full in his eyes, talks about breaking up self-limited diseases, and especially scarlet fever and smallpox, with an infinitesimal dose of nothing, and tells the public he holds these malignant and often fatal diseases safely and securely within his grasp, he ceases to be a subject of irony, and becomes *the object* of consummate contempt.

So of their prophylactic system. The idea of preventing disease of any kind, and especially smallpox or scarlet fever, by anticipating it with a globule of sugar of milk, or the millionth part of a grain of belladonna, or any other medicines, is too absurd to be entertained. When the seeds of these diseases are once planted in the system, they will germinate, and nothing but the death of the patient can prevent it.

Notwithstanding the great amount of labor which has been bestowed upon the investigation of these diseases, and the equally great diversity of treatment which has been recommended, not the least pretence has ever yet been made, by a sane man, that they could be arrested in their course, when once fastened upon the system. As well might you escape the grasp of death itself. Mild they may be, but none the less certain on that account. They will bide their time.

Seventh—typhus fever. And here we mean to include all our summer and autumnal fevers not dependent upon local inflammation. It is, we believe, generally admitted that this class of diseases, when fairly fastened upon the system, will run their course uninfluenced, so far as duration is concerned, by every known medicinal agent. Yet it is a

matter of great interest to the profession, to know whether they can be influenced, arrested, or broken up, in the onset. This is an inquiry whose solution is not easy. Proofs that appear entirely satisfactory at one time, are equally unsatisfactory at another. Those evidences which produce entire conviction at one time and in one case, are entirely wanting in another, though both may have precisely the same appearances.

You are called to visit a patient having all the appearances of typhus fever. You administer the most approved remedies, and the disease disappears. You *think* you have arrested it in its course. But how do you know? Can you prove that it was typhus fever? How do you know that it would not have disappeared, if no remedy had been administered?

Again, you are called to see a patient having the same appearances as above; you administer the same remedies, and yet the disease goes on unchecked, and the patient dies. Why these different results? The same evidences existed, the same remedies were applied. Why are not the same results produced? From the very nature of the case, it is absolutely impossible to determine this question with certainty. Still we believe there can be no doubt that the system of the patient may be put in a better condition to endure the disease by an early exhibition of remedies.

May not typhus, in common with some other diseases, have pseudo or mimicking diseases, which may possibly be mistaken for the true disease? Be this as it may, it is quite certain that it is the duty of every physician to arrest the disease, if possible, in the onset, and if he fail in his object he is quite certain of making it more manageable, and of being able to carry his patient more safely through it.

It should likewise be remembered that what Sydenham calls the constitution of the atmosphere, has its influence upon all diseases: and therefore when typhus fever, or any other fever, having a peculiar type, is extensively prevailing, all other diseases will, to a certain extent, assume those peculiar appearances. This is matter of common observation to every practitioner.

In fevers incident to our climate, not the effects of local inflammation, the most reliable remedies, in the onset, are the lancet, antimony and calomel. These are to be exhibited as circumstances may indicate; and if we fail of arresting the disease, all subsequent treatment must be regulated by and adapted to the symptoms, as they present themselves.

We have been thus particular in speaking of the above diseases, because we thought their importance demanded special attention.

There are numerous other self-limited diseases, a few of which we will barely name, leaving their investigation to other and abler hands. Among these are chickenpox, nettle rash, asthma, gout, ascarides, diabetes, Bright's disease, epilepsy, phthisis, &c. Some writers place the whole class *Empresma*, of Dr. Good, under the head of self-limited diseases. The French, amongst whom stand prominent Louis and Andral, are of this opinion; while most English and American writers think otherwise. There is doubt, at least, in relation to the self-limited nature of this class of diseases.

But methinks I hear the inquiry, are we to do nothing, because we cannot prostrate the disease at a single blow? Are we to fold our arms, and remain silent lookers on, having no regard to the sufferings of our patients, because we have not immediate and absolute control over the disease? By no means! The province of the healing art is co-extensive with animal life, and one of its most important duties is to mitigate pain and suffering when it cannot prevent them altogether. Every palliative which the physician administers; every cordial which he prescribes; every moment's relief which he affords his patients, are triumphs of his art over the fell monster disease. And although the limits of life are fixed, beyond which no man may pass, yet it is no small matter that the pangs of approaching death can be alleviated by the healing art; that we can soothe the dying pillow and rob the monster death of half his terrors.

And in doing this part of our duty, perhaps there is no province, in the whole range of medical practice, where more has been effected than in this same field of self-limited diseases. By striking the proper blow in the onset, we prostrate the severity of the disease, fit the system for its endurance, and render it manageable, although we may not be able to curtail its duration. We then pursue the watching or expectant practice; being ready with the lancet to relieve the brain and lungs; with the alterative to insure the safety of the liver; with the cathartic to relieve the bowels; with the anodyne to soothe and mitigate the severity of pain; and with the eye of wisdom and good judgment, as a supervisor over all, aiding when and where aid is needed, and withholding when our aid is not required.

No part of our professional practice is more difficult, or requires more sound judgment, than that which is mainly watching or expectant. Few have done more for the healing art, than did Ambrose Paré when he discarded the practice of stuffing incised wounds with lint, and instituted the process of bringing the naked incised surfaces in contact, and allowing them to heal by what is called the first intention. We cannot sufficiently admire the moral courage of our own immortal Rush, when he broke away from the timid and inefficient practice of the day, and with one Herculean labor, crippled, or lay prostrate at his feet, that malignant and infectious disease, so terribly fatal in tropical climates, and which was then desolating many of our southern cities. No man has ever conferred a greater blessing upon humanity than did Sydenham, when he overthrew the antiquated and heating treatment in smallpox, and instituted the antiphlogistic and cooling practice. Yet these were triumphs gained in self-limited diseases.

To strike the effectual blow, when it is needed; to do just enough and nothing more; to aid when and where our aid is required, and withhold when it is no longer needed, is the highest point of professional excellence.

BITE OF A RATTLESNAKE—RECOVERY.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—During the State Fair held at Saratoga Springs, last fall, Mr. Belcher, who exhibited rattlesnakes, was bitten in his little finger by one of them. The fang was deeply inserted, and it required some effort to shake the snake off. Supposing he had extracted all the poisonous fangs, he took little notice of the bite for some minutes, but the pain and swelling soon gave him alarming proofs of his danger.

In about forty minutes after he was bitten, I saw him. The finger was enormously swollen, and the hand also, for about half way to the wrist. I immediately ordered brandy (which was at hand) to be given, one third of a good-sized tumblerful, clear, every half hour. I made deep incisions on each side of the finger, and had the finger, hand and arm wrapped in cloths wet in brandy and salt. After ten hours, the pain being very severe, I applied stramonium poultice to finger and hand, which were discharging freely, from the incisions, a bloody water. The swelling continuing slowly to extend, I exchanged the brandy for whisky, and continued cloths wet in liquor and salt.

The second day, his stomach becoming irritable, I stopped the whisky a few hours, gave quarter-grain doses of act. morphiæ, applied cold cloths to the stomach, gave weak broth; and the swelling continuing to increase, I again commenced the whisky in smaller quantities.

I continued this treatment three days, before the swelling, which had extended above the elbow, was entirely arrested, giving about one grain of morphia every twenty-four hours. On the fifth day, the finger began to suppurate. I opened it the next day, and it continued to discharge freely for several days. Boils came on the arm, as far as the swelling extended; in all, about eighty at one time.

His convalescence from this time was rapid, and he recovered perfectly, except the use of the little finger. He drank, during the first four days, seven quarts of brandy and whisky, with very slight symptoms of inebriety.

Yours truly,

Saratoga Springs, April 17, 1854.

L. E. WHITING.

CASES OF LABOR.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—I communicate the particulars of two cases of labor, which occurred in my practice during the past year, thinking you may deem them of sufficient interest to find a place in your valuable Journal.

CASE I. was that of a healthy married female, aged about 30 years, mother of one child. Several attacks of uterine hemorrhage during the last months of gestation led me to anticipate the nature of the case. She was taken in labor on the 10th of August. Before I could arrive, she had flooded to an almost incredible amount, and was nearly pulseless. I gave stimulants freely, and hastened to remove from the os uteri, which was dilated to the size of a half dollar, a very firm, pale coagu-

lum about the bigness of an egg. I could then feel the placenta, which was large and attached directly over the os uteri. Finding that I could detach it without difficulty, I removed it entire, *hoping* that the case might terminate favorably without further interference. All hemorrhage ceased from that moment. To my surprise, the child's hand was immediately presented. I returned it once or twice without avail; and finding that the case was complicated by the unusual position of the fœtus, proceeded to turn immediately, and delivered the child by gentle traction, accompanied by firm pressure over the womb—everything like uterine contractions having ceased from exhaustion. The child was, of course, dead.

The mother, after a tedious convalescence, recovered with difficulty, being left in a highly irritable and anæmic condition.

My object in removing the placenta, instead of pursuing the usual method in similar cases, of immediate delivery, was to avoid, if possible, the necessity of turning, in the patient's exhausted condition. The loss of blood in this case was so excessive, that I am surprised it did not prove fatal.

CASE II.—Was called hastily, on the morning of the 13th of October, to Mrs. H., aged about 30, in labor with her third child. She had had severe pains, for twelve hours previous, under the management of an ignorant and pretentious midwife; who, having become terrified on discovering the nature of the case, sent immediately for medical assistance. The patient's agitation on my arrival caused a temporary cessation of the pains. I proceeded to make an examination, and found a hand protruding from the vagina, which proved to be the right one. Further examination convinced me that the position of the child was the one stated by authors to be the most favorable for spontaneous evolution, the head lying directly behind the os pubis. I determined to await the results of the efforts of nature to accomplish delivery, for a short time at least, before proceeding to turn. The uterine contractions soon returned with much violence, and nearly the whole arm having been first protruded beyond the vulva, and then completely withdrawn, I had the satisfaction of seeing delivery accomplished without the slightest interference on my part, the breech presenting.

The child appeared dead, but was resuscitated with much difficulty. Its right breast and shoulder were very much bruised. Both mother and child did well; the latter being now remarkably healthy. The time occupied by the labor, after my arrival, was about twenty minutes.

JOHN L. SULLIVAN, JR., M.D.

Malden, April 15, 1854.

MEDICAL SCHOOLS IN BOSTON.

[THE following recent legislative documents, although in a measure local in their character, are entitled to a place in our pages. It will be seen that names of the highest respectability are attached to each, and we have no doubt that both parties are influenced by laudable motives in the

opposite views they take of the subject, and in the course which they accordingly pursue.]

REMONSTRANCE to the Legislature, of the Faculty of the Massachusetts Medical College, against the Petition of the Boylston Medical School, for power to confer Medical Degrees.

Boston, March 6, 1854.

There are two kinds of medical schools. The smaller schools give instruction to private pupils throughout the year: the larger, being specially empowered by Legislatures, not only give public lectures, but confer *degrees*, which are equivalent to a license to practise medicine under the authority of said Legislatures.

The Boylston School is now a small, private, incorporated school, having nothing particularly new or peculiar in its mode or means of instruction, these being for the most part a copy of the daily recitations and methodized study of the Tremont-street private school, which preceded it by several years, and which has always had two or three times its number of students.

A new school in Boston, authorized to confer degrees, is not wanted, but, on the contrary, is to be deprecated. There are, at least, eight such medical schools in New England, almost all of which are in a languishing state, from the small number of their students, occasioned by the subdivision among so many.

The Massachusetts Medical College in Boston, which is a branch of Harvard University, and the Berkshire Medical Institution at Pittsfield, are the *State medical institutions* by endowment. The former is the best provided medical school in New England, having the most ample means for the demonstration and teaching of every branch of medical science, consisting of a large building, with lecture-rooms, a splendid museum, a costly apparatus, which in some departments is not surpassed in the United States, a library, and other endowments, the total value of which exceeds one hundred thousand dollars—the accumulation of more than half a century. The incorporation of new schools tends to entice students from places where they are well taught, to places where, for want of advantages, they are liable to be worse taught.

If it be urged that the multiplication of medical schools tends to increase the number of medical students, and therefore to increase the number of physicians in the State, it should be added that the medical profession is already overflowing with numbers, there being probably five times as many physicians as the public require in the Commonwealth. To increase this number, is to increase the evil, by drawing men away from more productive walks of life, where they are more wanted.

The teaching of Anatomy indispensably requires the dissection of dead bodies. In New York and Philadelphia hundreds of bodies are every year stolen from their places of burial. In this Commonwealth, the same violation of graves was notoriously carried on, until the passage by the Legislature of what is commonly called the *anatomy law*, by which a certain description of paupers are appropriated to this object. This law provides a scanty supply, hardly sufficient for the wants of

one school during its lectures. If new schools are created, more anatomical subjects must be found, and the Legislature will judge whether this necessity will act as a premium on the illegal getting of subjects, which is now unknown in this city and State.

If this petition is granted, other similar petitions may be granted with equal propriety, and the standard of medical education will be at once inevitably lowered by such multiplication. But the Legislature have already, in former years, refused similar applications from Boston, Lowell and Springfield, for the reasons above stated.

JACOB BIGELOW,
J. B. S. JACKSON, } Committee of the Faculty.
OLIVER W. HOLMES,

A REPLY to the Remonstrance to the Legislature, of the Faculty of the Massachusetts Medical College, against the Petition of the Boylston Medical School, for power to confer Medical Degrees.

Boston, March 31st, 1854.

The medical schools in this Commonwealth, during the time when a license to practise was necessary, and a degree gave this license, were divided into the two classes of schools which gave degrees, and those which did not. The distinction of *public* and *private* has never been known among incorporated schools; and that of *larger* and *smaller* is accidental; for the schools which are largest to-day may very soon be smallest. At this time, however, a degree is only a *testimonial*, indicating the holder's education, but conferring no rights; and any man (or woman) may practise medicine, who can find persons to practise it upon.

As a *practical* distinction, therefore, none exists between the two classes of schools; as an *honorary* distinction, hitherto one has existed. The medical department of the University at Cambridge (by courtesy, the Massachusetts Medical College) has given medical instruction, and, under the corporate power of the University, has conferred degrees. The Berkshire Medical Institution is a second public incorporated school, conferring degrees. The Boylston Medical School is a public incorporated institution, which has not granted degrees. It now asks to do this, by legislative authority; and after having held its place long enough to be tested by the public, it believes that it is as competent to distribute the honors, as it has been to discharge the labors, of medical instruction.

It was established for two reasons: First, because its founders believed that two schools were necessary in Boston; and secondly, because they believed that a system of instruction, almost universal in Europe, should be introduced into Massachusetts; and could be introduced only by a second school. It now asks additional powers, because seven years have shown these conclusions just; and that new powers, and more capital, can be usefully employed.

The Tremont School (recently incorporated) consists of the classes of professors in the Massachusetts Medical College, instructed by them in vacation. Under these circumstances it is, of course, numerous; but the Boylston Medical School carries out a system of instruction not only

unlike that of the Tremont School, but so hostile to that system, that, if founded on true principles, it must, at some time, quite supersede it.

In the present state of science, a single school, however endowed, will not most actively advance the medical profession, in a large city; but from natural and obvious causes, whatever the merits of its instructors, their zeal and success must sometimes fall below the institutions of other districts, where the stimulus is greater.

The Boylston Medical School is self-supporting; and only asks of the Legislature to be placed on the same footing with the elder institutions, without other aid, and in reasonable time, to equal them in numbers and endowments. Their petition now seeks leave to increase their growing museums to what is said to be the present value of those owned by the Massachusetts Medical College.

The number of physicians, all admit to be too great. The Boylston School asks not to make physicians more numerous, but better. And they claim that by raising the standard, they shall not raise the number. Any great increase in the number of medical institutions, also, it is believed, would injure medical education. But it is thought that their total restriction may depress it as much. The best endowed and most enlightened monopolies have always proved incumbrances. And it may perhaps be doubted, whether a healthy emulation would prove such an injury to the Massachusetts Medical College, as its friends now apprehend.

The Boylston School cannot assent to the position implied by the remonstrants, that Boston is not a great centre of medical education. It is, for this purpose, the natural centre of New England, and the supply of students and of anatomical material is quite sufficient to maintain two schools, without any inducement, but the love of knowledge, to entice students from one to the other. They make this statement with regard to an ample legitimate supply of bodies for dissection, as that of an ascertained fact, and beg leave to refer to the municipal authorities of Boston, who will sustain it. They would take no step which should compel the remonstrants, or themselves, to infringe the anatomy law; and the suggestion in the remonstrance was the first they have known of its being likely ever to want the full respect of the profession. Were it otherwise, however, as the Boylston School, including the department of anatomy, is already, by the aid of the Legislature, in full operation, they do not see the relevancy of this argument, nor that more bodies will be needed for dissection by students who will have degrees, than by those who will not have them.

In fine, it is respectfully submitted, that the full organization of a second medical school, in Boston, with the advantage of the European system, and of instruction by recitations throughout the year, will benefit medical education in New England; and that in order to benefit medical education, it is not necessary to multiply institutions, increase the number of medical men, impoverish museums, nor disturb the sacredness of the grave.

CHARLES E. BUCKINGHAM, } Committee of the
EDWARD H. CLARKE, } Boylston School.
HENRY G. CLARK, }

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, APRIL 26, 1854.

The Chances of War—Life Insurance.—The English Life Insurance Companies have already prepared a set of tables, wherein are carefully calculated the probable chances of a person being killed in an action on the battle field. The probabilities of sickness, and death from ordinary causes, have long been the study of men engaged in the matter of life insurance; but latterly, they have given more attention to the chances of accidental death, from railroad travelling, violence, &c. A new field has recently been opened to the English companies, by the occurrence of the present European war. We cannot well understand how, with any degree of certainty, they can calculate upon the chances of being transfixed by a Cossack's lance, or a Russian bullet; but such is the fact, and the *premiums* to be paid by those who are engaged in this campaign are already decided upon. For instance, £3 5s. on the £100 per annum, is the sum to be charged; and if to include the payment, in the case of the loss of a limb, of half the sum insured and payable on death, £3 3s. extra. We should judge, from reading these terms, that it was expected the Russians were to fire very low, and that a man was twice as likely to lose one of his legs as his head. It may be a very good expedient to resort to, for engaging men for the service, but we opine that the surviving relatives will have a very small chance of obtaining the bonus, in case of the death of a friend or relative.

Premium for the Cure of Asiatic Cholera.—A communication has just been received at the State Department at Washington, from our Minister at Paris, relative to the will of M. Breant, the French *savant*, who left 100,000 francs as a premium to the person who shall discover the cause of Asiatic cholera, or a cure for it. The money is left in trust to the Institute of France; but the Institute have made no regulations, as yet, for the presentation of Essays, as the heirs of M. Breant are contesting in court the legality of the legacy. As soon as a decision is declared, if in favor of the legacy, it is expected that the Institute will proclaim the regulations, &c. to be observed by the competitors for the prize. Until then, no communications to the Institute on the subject, will be of any avail.

The Policy of the Commonwealth towards the Insane.—Dr. Holt, of Lowell, made an elaborate speech upon this subject in the Massachusetts House of Representatives on Monday of last week. About twenty-three years ago, he said, the State built the Hospital at Worcester, a central location, and it was then supposed this would answer the wants of the State. It was now found, that, although a new one had been erected at Taunton, on a much improved plan, still that want was not yet supplied. The Hospital at Worcester needs improvement or re-building, as it is not on the most approved plan for the purpose for which it is designed, and the lands, about one hundred acres, are very valuable for other purposes. Dr. H. urged the inquiry, whether it would not be economy as well as benevolence to re-organize this Institution. He thought that the prospective wants of the Commonwealth

should be regarded; and as there are some 2,000 insane persons in the State, there should be built, within a few years, two new hospitals, one in the western and the other in the north-eastern sections of the State, in addition to what we now have. Two hundred and fifty was about the number of patients which could be well treated in one hospital. Although, at first view, this might alarm gentlemen on account of expense, yet he argued that these establishments would nearly or quite support themselves, from paying patients. Formerly, when a person became insane, he was treated at home or kept in confinement, and the cure was protracted or doubtful, and attended with much expense and trouble. Now the custom is to send such immediately to a hospital, where recent cases are generally cured in from three to six months. Hence, one reason for the apparent increase in the number of insane persons. Dr. H. urged upon the Legislature the adoption of a liberal and enlightened policy towards this unfortunate class of our fellow citizens, in making ample public provision for their wants, and favored the passage of the *resolves* which were under consideration, for the appointment, by the Governor and Council, of commissioners to take the subject into consideration, and report to the next Legislature upon it. Other gentlemen coincided with these views, and the resolves were passed.

The Active Properties of Medical Plants.—No department of medical science has been more neglected by the profession, than Organic Chemistry. Yet the importance of its study is made manifest by the repeated development of some hidden secret of practical value within its domain. Within a few years past, practical chemists have given more attention to the subject, and the benefits resulting from their investigations are beginning to be made visible to the profession. To obtain the active properties of a medicinal plant is a desirable object, as the starch, sugar and ligneous matter contained in it can often be of no possible use as a therapeutical agent. Why, then, should the stomach be required to perform the labor which can be better done in the laboratory of the chemist? This operation is now successfully accomplished by art. We have already informed our readers, that Messrs. B. Keith & Co., chemists at the "American Chemical Institute," New York, have been very successful in obtaining the resinoids and alkaloids (the active principles) from medical plants. Samples of their preparations have been kindly furnished us, some of which we have used in our practice. We are free to say that if they all answer the purpose intended as well as these, they should henceforth universally take the place of the bulky and crude materials from which they are extracted.

Spiritualism in the U. S. Congress.—A memorial, signed by fifteen thousand believers in the spiritual rappings, has been lately presented to the U. S. Senate by Gen. Shields, of Illinois. The remarks made by the learned senator on presenting this petition, were very appropriate, and must have enlisted the attention of his hearers. As the rapping mania still continues to agitate the community, we have thought that a synopsis of this remarkable petition might appropriately be recorded in this Journal, particularly as several communications upon the subject have in former years appeared in our pages. The following are a part of Gen. Shields's remarks:

"I beg leave to present to the Senate a petition, with some fifteen thousand names appended to it, upon a very singular and novel subject. The petitioners represent that certain physical and mental phenomena of mys-

terious import have become so prevalent in this country and Europe, as to engross a large share of public attention. A partial analysis of these phenomena attest the existence, first, of an occult force, which is exhibited in sliding, raising, arresting, holding, suspending and otherwise disturbing ponderable bodies, apparently in direct opposition to the acknowledged laws of matter, and transcending the accredited power of the human mind. Secondly, lights of different degrees of intensity appear in dark rooms, where chemical action or phosphorescent illumination cannot be developed, and where there are no means of generating electricity, or of producing combustion. Thirdly, a variety of sounds, frequent in occurrence, and diversified in character, and of singular significance and importance, consisting of mysterious rapping, indicating the presence of invisible intelligence. Sounds are often heard like those produced by the prosecution of mechanical operations, like the hoarse murmur of the winds and waves, mingled with the harsh, creaking noise of the masts and rigging of a ship laboring in a sea. Concussions also occur resembling distant thunder, producing oscillatory movements of surrounding objects, and a tremulous motion of the premises upon which these phenomena occur. Harmonious sounds, as human voices, and other sounds resembling those of the fife, drum, trumpet, &c., have been produced without any visible agency. Fourthly, all the functions of the human body and mind are influenced in what appears to be certain abnormal states of the system, by causes not yet adequately understood or accounted for. The occult force, or invisible power, frequently interrupts the normal operation of the faculties, suspending sensation and voluntary motion of the body to a deathlike coldness and rigidity, and diseases hitherto considered incurable have been entirely eradicated by this mysterious agency. The petitioners proceed to state that two opinions prevail with respect to the origin of these phenomena. One ascribes them to the power and the intelligence of departed spirits operating upon the elements which pervade all natural forms. The other rejects this conclusion, and contends that all these results may be accounted for in a rational and satisfactory manner. The memorialists, while thus disagreeing as to the cause, concur in opinion as to the occurrence of the alleged phenomena; and in view of their origin, nature and bearing upon the interests of mankind, demand for them a patient, rigid scientific investigation, and request the appointment of a scientific commission for that purpose."

The Senator reviews, in an able manner, the many delusions which have been practised from early times, and closes by saying:—

"It would be a curious inquiry to follow this occult science through all phases of mineral magnetism, animal mesmerism, &c., until we reach the present, latest, and slowest phase of all spiritual manifestations. But I have said enough to show the truth of Burke's beautiful aphorism—'the credulity of dupes is as inexhaustible as the invention of knaves.'"

Physical Effect of Disappointment and Grief.—The Daily Bee states that—"Dr. Metcalf Marsh died at Slaterville, R. I., a day or two since, a broken-hearted man. He was one of the most active men in the Dorr troubles, and for his espousal of that cause was obliged to leave the State. On returning, he could neither regain his practice or the confidence of the community, and from that time to his death has lived a recluse life, his stout frame gradually crumbling beneath grief and disappointment. He was a man of eminent talent, and merited a far better fate. His age was 53 years."

A Poisonous Draught.—A colored woman in this city who had become tired of life, undertook, one day last week, to rid herself of it, by taking at one draught the following mixture:—Laudanum, $\mathfrak{z}\text{i}$.; concentrated nitric acid, $\mathfrak{z}\text{ii}$.; burning fluid, $\mathfrak{z}\text{iii}$. The great distress occasioned, caused her to repent of the rash act, and request medical assistance, which was furnished in time to save her life. Considerable gastric difficulty followed; blood was freely vomited from the stomach, and a large quantity passed from the bowels. Mustard plasters to the epigastrium, demulcents and nitrate potash internally, constituted the treatment. The patient's convalescence was rapid.

American Medical Association.—By a letter just received from Dr. J. M. McPheeters, of St. Louis, we learn that the profession of that city are actively engaged in facilitating the conveyance of delegates to the meeting on the first Tuesday in May. He says:—"By an arrangement with the different rail road and other authorities, delegates and others who may attend the approaching meeting of the National Medical Association, will be brought by the Northern Rail Road and Lake route, via New York, Buffalo, Detroit, Chicago, &c., on to this city at a reduced price. The arrangement is this—full price will be charged for the passage out, but they will be permitted to return free of charge by having the endorsement of the Secretary of the Association (that they have been in attendance) on their tickets." With this favorable arrangement, it is hoped that a large delegation from New England will attend.

Dr. McP. adds that it "is probable, also, that a similar arrangement will be made with the companies from Baltimore, Wheeling, and on by boat to Cincinnati, Louisville and this place."

Dr. Mattson's Pocket Injecting Instrument.—In the list of new patents, recently published, we notice that one of them has been granted to this instrument, which we understand is having an extensive sale; and now that it is secured to the inventor by a patent, it is likely to prove as valuable to him in a pecuniary point of view, as it will prove serviceable to the public. We called attention, on hearsay, to this improvement six months ago, but as we have not been presented with an instrument, we are unable to describe it for the benefit of our readers.

Art, Artists, and the Public Weal.—Sheaijashub Spooner, M.D., of New York, has sent forth to the world, an appeal to the people of the United States in favor of arts, artists and the public weal. It seems that some years ago, Dr. S. purchased in Paris the copper plates used to illustrate a splendid work, by order of Napoleon, known as the Musée Français and the Musée Royal. In order to sell these again to advantage, he has produced a pamphlet, in which are considered; *First*, a history of those two magnificent publications. *Secondly*, the advantages of cultivating the arts. *Thirdly*, the way the Greeks encouraged art. *Fourthly*, the way foreign people encourage art. *Fifthly*, the way the Americans encourage art. *Sixthly*, what can be done to avert certain evils. All this is discussed at length, in relation to art; and the closing pages are statements of certain facts, &c. We refer to this publication on account of its being the labor of a medical man, as we feel bound to keep the public alive to the literary efforts of the craft.

Obituary.—Sir James Wylie, for so long a time the chief physician at the Russian Court, has just died at St. Petersburg. He is reported to have bequeathed the entire of his very large fortune to the Emperor of Russia. Sir James Wylie was a Scotchman, born in 1768. He was knighted at Ascot Heath Races, in 1814, by George IV., then Prince Regent, and was subsequently created a baronet at the request of the Emperor Alexander, on his departure from England. The wealth of the deceased is stated to have been very considerable.

Death from Eating Cloves.—A man by the name of Brown recently died in convulsions, and subsequent post-mortem examination showed that his death was caused by eating cloves, which he had been habitually using for a long time instead of tobacco.

Medical Miscellany.—Dr. Chamberlain, of Astoria, N. Y., is said to cure his delirium tremens patients by giving them chloroform until they appear dead.—25 persons died of smallpox in New York city last week.—One thousand dogs have been destroyed in this city since the order to that effect was given by the authorities.—During a late thunder shower, four women, who were walking upon the railroad track in Westfield, were all struck down by the electric discharge, and one of them was instantly killed.—A lumberman near the Umbagog lakes, Me., recently found a stone which weighed 33 lbs. in the centre of a smooth and handsome tree which he felled.—270 gentlemen had the degree of M.D. conferred upon them at the Jefferson Medical College in Philadelphia week before last.—A colored woman recently died in Mobile, at the very advanced age of *one hundred and forty-seven years*.

PAMPHLETS RECEIVED.—Address to the Graduates of the Kentucky School of Medicine, session of 1853-4, by Prof. R. J. Breckinridge.

ERRATA.—On page 212, 24th line from top, read *nitrogen* for oxygen; and on the 6th line from the bottom, read N for H, in the formula—thus C₂N.

TO CORRESPONDENTS.—A paper on the Vital Endowments of the Nerves, and the report of a case of Retained Fæces, have been received. The cases referred to by the writer of the latter, will be thankfully inserted. The communication on the Circulation of the Blood, referred to in the Journal of March 22, it is thought advisable, in the present state of the discussion on that subject, to withhold from publication for the present.

MARRIED.—In Boston, R. M. Hodges, M.D., to Miss F. A. White.—Alfred C. Garratt, M.D. of Hanover, Mass., to Miss M. B. Vinal, of Charlestown.—In Cincinnati, Ohio, March 30th, Rufus H. Johnson, M.D., to Miss Laura Cromwell.

DIED.—At Oakleigh, Alabama, Dr. Robert C. Randolph, formerly of the U. S. Navy.—Dr. E. D. Ransom, widely known as an eminent physician, of Burlington, Iowa, died very suddenly of hemorrhage of the lungs.

Deaths in Boston for the week ending Saturday noon, April 22d, 92. Males, 53—females, 39. Inflammation of the bowels, 1—congestion of the brain, 2—inflammation of the brain, 1—disease of the brain, 2—consumption, 21—convulsions, 5—croup, 9—diarrhoea, 1—dropsy, 1—dropsy in the head, 2—drowned, 1—debility, 1—infantile diseases, 4—puerperal, 1—erysipelas, 1—typhus fever, 1—typhoid fever, 1—scarlet fever, 1—hooping cough, 3—disease of the heart, 2—inflammation of the lungs, 7—marasmus, 3—measles, 4—old age, 3—palsy, 2—pleurisy, 2—disease of the stomach, 1—smallpox, 1—teething, 4—thrush, 1—tumor, 1—worms, 1. Under 5 years, 50—between 5 and 20 years, 6—between 20 and 40 years, 20—between 40 and 60 years, 8—above 60 years, 8. Born in the United States, 67—Ireland, 20—England, 1—British Provinces, 1—Germany, 2—Poland, 1. The above includes 6 deaths in the city institutions.

Death of M. Roux, the French Surgeon.—The Parisian correspondent of the New York Daily Tribune, gives the following account of the life and death of M. Roux, whose sickness was lately mentioned in this Journal.

"One of the most remarkable men of the present epoch has just died of apoplexy in this city, at the age of 74. In the death of M. Roux surgery has lost one of its brightest illustrations. He died after half a century of private practice, of public instruction, and of surgical labors in the large hospitals of Paris. He died on the field of battle, it may be said, with the bistoury and the pen in his hand—for in his green and robust old age M. Roux experienced neither the infirmities incident to his years nor the intellectual weaknesses which age brings. Notwithstanding his great age, death came unexpected to him, for I have heard him repeatedly say to his acquaintances, who complimented him on his vigor and good looks, that 'he felt himself good for twenty years' service with the knife yet.'

"There is no life more full of exciting scenes than that of a surgeon, especially the life of a surgeon such as M. Roux, who has performed more operations than any other man, living or dead. In his youth he was the rival of the great Dupuytren, who was his senior by only two years. His father, a provincial surgeon, sent him to Paris to study when quite young, but the first two or three years of his city life was led in so dissolute a manner, that, in order to force him to study, his family limited his supply of money to six hundred francs a year. The desire to obtain distinction finally seized him, however, and he soon made the most rapid progress. In his first *concours* before the Faculty for medical honors, he defeated Dupuytren in a contest for the place of Chief of Anatomical Works. At the age of 22 M. Roux again entered the *concours* against Dupuytren, then only 21, for the place of Clinical Surgery at Hotel Dieu, then, as now, the surgical post of honor in Paris. This *concours*, which, from the youth of the contestants, as well as from the brilliancy and duration of the debates and trials, remains the most remarkable in the whole history of the trying *concours* to which candidates for medical honors are here subjected, was lost to M. Roux, it is said, by a *rase*. In 1810, after another brilliant contest before the Faculty, he was unanimously elected to the chair of Professor of Surgical Anatomy; and later he succeeded to Dupuytren's place at the Hotel Dieu, left vacant by the death of that eminent man, a place which he continued to occupy till the moment of his death.

"M. Roux was struck with the malady which terminated his days while correcting the proofs of a work which he intended soon to publish, entitled 'Forty Years of Surgery,' an immense collection of facts in his personal experience, which will, without doubt, take the first rank as a practical work on surgery. The volumes were sufficiently advanced not to suffer materially by his death."

Hygiene of Emigrant Ships.—It is next to impossible to get the emigrants on deck during the passage. Considerate and humane masters have to drive them out by violence. Sometimes they resort to smoking them out with burning tar; but in a great majority of instances it has been found that any attempt at ventilation or the promotion of exercise or cleanliness amongst them has resulted in a *quasi* mutiny. Nothing is more common than to find that children born on the passage are very conveniently smothered, or lain over, or in some other manner disposed of; for instincts of maternity and humanity give way to a desire to be rid of such encumbrances on landing on a new continent. The whole subject is filled with the most loathsome images and associations.—*London Times*.